



## APPEAL DOCUMENTS

If you choose to submit an appeal, complete the following and return to:

Office of Statewide Health Planning and Development  
Patient Discharge Data Section  
818 K Street, Room 100  
Sacramento CA 95814

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT****HEALTHCARE INFORMATION DIVISION****PATIENT DISCHARGE DATA SECTION**

818 K Street, Room 100

Sacramento, California 95814

(916) 323-7679 FAX (916) 327-1262

***OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT******APPEALS PROCESS FOR CIVIL PENALTIES  
ASSESSED PURSUANT TO  
THE HEALTH DATA AND ADVISORY COUNCIL CONSOLIDATION ACT*****RIGHT TO APPEAL**

Any health facility that has been assessed a penalty pursuant to Health and Safety Code Section 128770 may petition the Office for review of the penalty assessment. An appeal must be filed within fifteen (15) business days of the day the facility receives notification of the penalty assessment. The right to appeal is forfeited if an appeal is not either received by the Office or postmarked within fifteen (15) business days of notification of any action or decision. If an appeal is submitted, the facility is entitled to a formal administrative hearing within sixty (60) days.

**HOW TO APPEAL**

The Office provides a form that may be used to file an appeal. Use of this form is not mandatory, but any appeal must be in writing and must include all necessary information. An appeal must be signed by the licensee or administrator, unless they choose someone else to represent the hospital.

If the licensee or administrator chooses someone else to represent the facility in its appeal, the Office must be notified in writing of that delegation of authority. (A form for this purpose accompanies the appeal form.) The licensee or administrator should be aware that they will be bound by the statements and actions of an authorized representative.

**INFORMAL PROCEDURE**

For the convenience of health facilities filing appeals, the Office has established an informal appeal process. The informal procedure does not require the facility to actually attend a hearing. Review of the appeal is based on written materials submitted by the facility as well as the Office's records. If a facility elects to use the informal procedure, it still has the right to request a formal hearing if it is not satisfied with the informal decision. However, in order for a facility to take advantage of the informal procedure, it must waive its right to have a formal hearing held within sixty (60) days.

The informal procedure works as follows:

1. The facility files an appeal, requests an informal review, states the grounds for the appeal and agrees to waive the sixty (60) day limit.
2. The Chief Counsel for the Office reviews the appeal, makes a decision and notifies the facility.
3. The facility has fifteen (15) business days from the date it receives the written decision in the mail to either accept it or to reject it and request a formal hearing.
4. If a formal hearing is requested, one is scheduled.

### FORMAL HEARING

Appeals are heard by the three-member Appeals Committee of the California Health Policy and Data Advisory Commission. Formal hearings are conducted substantially in conformity with the California Administrative Procedure Act. The facility may be represented by an attorney, but this is not required. The hearing will be tape recorded. The facility may, at its expense, supply a court reporter.

The Appeals Committee will consider any relevant evidence offered if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs. The Appeals Committee will prepare a recommended decision, including findings of fact and conclusions of law, and present it to the Office. The decision of the Office will be made in writing within sixty (60) days of the conclusion of the hearing. It will be the final administrative decision.

References: Health and Safety Code Sections 128770 and 128775 and Title 22, California Code of Regulations, Section 97052, 97053 and 97054.

Revised 7/1/97

**PETITION TO THE  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

Facility Name\_\_\_\_\_

Address\_\_\_\_\_

Telephone \_\_\_\_\_ OSHPD Identification No. \_\_\_\_\_

Authorized Representative (if any) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_

**Petitioner appeals the decision of the Office of Statewide Health Planning  
and Development dated\_\_\_\_\_.**

**Check one**

- ☐ Petitioner wishes to use the Office's informal procedure.  
We waive our right to a formal hearing within 60 days.
- ☐ Petitioner does not wish to use the informal procedure and requests a formal  
hearing within 60 days.

**This appeal is based on the following grounds:** (Attach additional pages as  
necessary.)

Name\*\_\_\_\_\_ Title\_\_\_\_\_

Please Print

Please Print

Signature\_\_\_\_\_ Date\_\_\_\_\_

Attachment(s) ☐ Yes ☐ No

\*Representatives other than the facility administrator or licensee must have written  
authorization from the facility administrator or licensee, a copy of which must be  
attached to this form.

## AUTHORIZATION TO REPRESENT

### FACILITY IN APPEAL

\_\_\_\_\_ is hereby authorized to represent  
(*Name of Authorized Representative*)

\_\_\_\_\_  
*Name of Facility*

before the Office of Statewide Health Planning and Development. This authorization extends to all communications between our representative and the Office, its staff, or the Appeals Committee of the California Health Policy and Data Advisory Commission, concerning this appeal. This authorization may be terminated at any time upon written notice to the Office.

\_\_\_\_\_  
*Facility Administrator or Licensee Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*